

# Foster Family Home - Corrective Action Report

Provider ID: 3-594623

Home Name: Venancio Blanco, CNA

Review ID: 3-594623-8

95-1187 Kukui Road

Reviewer: Carol Copeland

Na'alehu

HI 96772

Begin Date: 5/7/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

*Carol Copeland RN MSN*  
Compliance Manager

*Venancio Blanco*  
Primary Care Giver

*5/19/19*  
Date

Date